VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		2966	CERTIFIC	ATE OF DEATH			Reg. Dist	. No.	-39
	1. PLACE OF DEATH o. COUNTY St. Mary	15	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)	ere deceosed lived	b. COUNTY	on: Residence	before admis	sion)
	b. CITY OR TOWN (If outside corn RURAL ond give nearest town) Rural Maddox	porote limits, write	c. LENGTH OF STAY IN 16	K c. CITY OR TOWN (IF o					n)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street		d. STREET ADDRESS		71.		ON A	SIDENCE A FARM?
		sephine		nstrong	4. DATE OF DEATH NO	Mon	<sup>th</sup> 30	Day	Year 19 59
	Female Cold	red widowi		May 8,1877	0,	E (In years birthdoy) yrs.	7	YEAR IF UND Poys Hours	Min.
	10a. USUAL OCCUPATION (Give kind during most of working life, ever House work	f of work done 10b. if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole Marylar		)		.S.A.	COUNTRY
-	13. FATHER'S NAME  James Thon	nas Arms	trong	14. MOTHER'S MAIDEN N		???			
I	15. WAS DECEASED EVER IN U. S. Al (Yes, no, ar unknown) (If yes, give war	RMED FORCES? 16. or dates of service)		informant es Amanda M.	Nelson	Made		Marylı	ahri
	PART I. DEATH WAS CAI IMMEDIATE  4.3 4.1  Conditions, if ony, which gove rise to immediate couse (a), stoling the <u>under-</u> lying couse lost.	DUE TO  (b)  DUE TO	Duerna	e horat	fri	le.		ONSET AND	DEATH
)	ICATIO		CONTRIBUTING TO DEATH BU				EN IN PART	1(o) 19. WAS PERFO YES	ORMED?
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION MEDICAL EX	AMINER)	CRIBE HOW INJURY OCCURRING INJURY OCCURRED 20e. P	ED. (Enter noture of injury in LACE OF INJURY (Home, farm			(Co	ounty)	(Stote
	20c. TIME OF INJURY Month, Hour o. m. p. m.	19 While of wor	Not while fo	actory, street, office bldg., etc	•)	, .			
	21. I certify that I attent alive on 3 0	ded the deceas	-	h accurred at 37	M, fram the ADDRESS (Street,	causes an	d an the		
1	PHYSICIAN'S Keo	n Bei	rube	Mecha	anicsvi	lle,	Maryl	and	
	220. BURIAL, CREMATION, 22b. DA BURIAL Specify) 12	14/59	Sacred He		22d. LOCATION Bushwo		-	id. (Sto	ite)
	23. FUNERAL DIRECTOR'S SIGNATUR		ADDRESS		D BY REGISTRAR		STRAR'S SIGI		
	W Clarke Matt	inglev L	eonardtown.	Md. DATE DE	C 4 '59	an	Thung & ;	Traces	

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. 15	roowsig sa	more fear	12/4/21	TINE
	1 250 steel 1	Legenarii berm. E.	yallalasa Laxeel	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Mary a c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Month Year Nov. 19 59 IF UNDER TYEAR IF UNDER 24 HRS. Months Hours yrs. 12. CITIZEN OF WHAT COUNTRY? Address Chaptico. Maryland INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19, WAS AUTOPS PERFORMED? NOF YES T (County) (State) Inspection 77. Inquiry 1. and find that Homicide , Undetermined cause DATE SIGNED 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial (Specify) St. Aloysius Leonardtown. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Ciritary S. Trans W. Clarke Mattingley Leonardtown, Maryland DATE

VS. A15ME(5) 5M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

17200	- GERTHION	112 (1 )25111		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  St. Marys	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary	ere deceased lived. If institution b. COUNTY	st. Marys
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RU	JRAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. Marys Hospit	al	Rura	1	YES NO D
3. NAME OF First DECEASED (Type or print) Theodore	W. Bennet	Lost	4. DATE Mont OF DEATH NOV. 2	h Day Year 4 19 59
		8. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS.
male white WIDOWE	DIVORCED [	11/11/1885	lost birthdoy) 74 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY
	laster	New Jer		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
David Bennett		Mary W		•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes. no. or unknown) [10] yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	ess
no 57	9-03-7992A	Mrs. Mildre	d Bennett -	Ridge, Md.
18. CAUSE OF DEATH [Enter only one couse per line		A		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Brouclis -1	Poraumonia		ONSET AND DEATH
260 X DUE TO	1			3 60 00
	Heart day	Oune		1 7000
Conditions, if ony, which gove rise to immediate (b)				6 //
couse (o), stoting the <u>under-</u> lying couse lost.  DUE TO  (c)	Drobites	mellitus		1000000
PART II. OTHER SIGNIFICANT CONDITIONS CO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	'ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. p. m. 19 Of work	_ Not while for	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an Nov. 24, 195		accurred at 14A	NFU 124, 1953 -M, fram the causes and ADDRESS (Street, city or town, s	Athat I last saw the deceased and an the date stated above parte signed
SIGNATURE WITH HO	mely	M.D. Lexing	ton Park, Md	1, 11/24/59
PHYSICIAN'S Wm. H. Patric	ek, MD	Lexin	gton Park, M	Id.
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/27/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Hyattsville	
23. FUNERAL DIRECTOR'S SIGNATURE  P.B. Robinson - Lec	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE

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	After this certificate has been signed by the attending physician and campletely filled in the funeral director,	the far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and hauld be filed with	(
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	iftending	pleose	within 7
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	gned by	permit.	irial, crematian, or remayal, and in any event within 72 hours after death.
haspital ar attending physician.	been si	-transit	ral, and
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician.  10 FUNERAL (FCTOR) After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show the detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the filed with	7
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VS A15 (4) 15M 10/57

1	7%203	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY St. Marys	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Marvla	re deceased lived. If institution b. COUNTY	st. Marys
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RU	V -
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  St. Marys Hosp.	oddress)	d. STREET ADDRESS	ral	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print)	Middle Rebecca	Bush	4. DATE Month OF DEATH NOV.	Doy Yeor 24 19 59
	5. SEX 6. COLOR OR RACE 7. MAR COlored WIDOW	RIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  housewife	NIND OF BUSINESS OR INDU  Domestic	Maryland	ā	12. CITIZEN OF WHAT COUNTY
	William T. Bu		Jane M.		
I	NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yay. no. or unknown)   If yes, give war or dates of service		eorge R. Bus	Addre sh - Washing	
	18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).)	harman	line	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Conditions, if ony, which gove rise to immediate couse (b).  DUE TO  DUE TO  Conditions, if ony, which gove rise to immediate couse (b).  Conditions, if ony, which gove rise to immediate couse (c).	Hypertens	nte Con	In Voscul	She 10 cgr C 1 Sh
	CATIO	SCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
	<u> </u>	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that I attended the decearative an 2 4 19.  ACTUAL SIGNATURE			-/	that I last saw the deceased an the date stated about DATE SIGN
	PHYSICIAN'S David L. Moss		Mechanics		
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/27/59		h Cemetery	2d. LOCATION (City, town, or Morganza	, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE  P. R. Robinson - Treor	ADDRESS	24a. REC'D		RAR'S SIGNATURE

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Reins-Sturdivant, North Wilkesboro N.C.

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

Year

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HEALTH DEPT

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	19071				Reg. Dist	No.	
PLACE OF DEATH	16311		2. USUAL RESIDENCE	(Where deceased lived. If	institution: Resident	e before admission)	
o. COUNTY	Mary's	MARYLAND	O. STATE		DUNTY C.1	1	
b. CITY OR TOWN	If outside corporate limits, write BURAI			Land (If outside corporate limits,		ary s	
and give nearest tow	n)		V -		Willia Wallet Gilla &	ine hearest town,	
	Dakley	Life	Rural	Oakley		1	
6. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENC ON A FARM YES NO [	
NAME OF DECEASED (Type or print)	James	Middle Alfred Gr	losi	4. DATE OF DEATH NOV.	Month	Doy Yeor	
. SEX	T-	ARRIED NEVER MARRIED . 8.		9. AGE (In y	on IF UNDER IN		
Male	Colored WID	OWED DIVORCED	July 14, 19		yrs. Months De	ays Hours Min.	
00. USUAL OCCUPATE during most of worki Farm Labo	ing life, even if retired)	10b. KIND OF BUSINESS OR INDUST		rvland	A PARTY OF	S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN		1 0.	D, A,	
	WYNNNN I	a A Crean					
5 WAS DECEASED IN	XXXXXXX Jame:		Annie C.				
fee, no, or unknown)	VER IN U. S. ARMED FORCES?	1			ddress		
No	one	579-48-0432 Mar	y C. Catter	Oakley, Ma:	ryland		
18. CAUSE OF DEA	ATH Enter only one couse per					INTERVAL BETWEEN	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH WAS CAUSED BY:		00-	D. +1		CINSET AND DEATH	
	IMMEDIATE CAUSE (0)	Fracture	1) ceru	and werling	tap	mmes.	
812X	DUE TO						
Conditions, If	any, which)						
gove rise to imme	ediote cause						
(o), sloting the	underlying DUE TO						
couse lost.	) (c)						
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITIO	N GIVEN IN PART I	(o) 19. WAS AUTOPS	
3	, Cre	ished Ches:	+			YES NO 2	
200. EXTERNAL	USE WAS 206 DES	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in P	ort Lor Port II of item 181			
PART II. OT	ONTRIBUTING D		-, by au		akly u	2	
20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (City or town)	/(Count	y) (State	
20c. TIME OF INJU	11-9 1954	While Not while of WOO	VIE 24	z askl	en At	mayo T	
21. I certify t	hat I took charge of t	he remains described aba	ve, held an Autop	sy . Inspection	Inquiry	4. and in m	
apinion death	resulted from Natur	ral causes . Accident .	Suicide .		-		
Transit death	apinion death resulted fram: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined manner []						
ACTUAL	1/1/	110 11		1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DATE SIGNED	
SIGNATURE							
		10	ASSISTANT MEDI	ICAL EXAMINER		11/9/27	
EXAMINER'S NAME (Type)	William D. Boy	MD	DEPUTY MEDICA	L EXAMINER TO		1/1/3	
	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, I	own, or county)	(State)	
Burial	11/11/59	Sacred Heart		Bushwood	Man	vland	
3. FUNERAL DIRECTO		ADDRESS	24o. RE		REGISTRAR'S SIGN		
W Clamba M		- 14	3.1	014 4 0 450			
. OTSLKE M	attinglet Leor	ardtown. Marvlan	d DATE		Orthun 8. H	rain	

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VS A15 (4) 15M 9/5B

B	MARYLAND ST.
X	12972
	1. PLACE OF DEATH o. COUNTY St. Mary!

# ATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14 Film G251 11/12/59 iwk CERTIFICATE OF DEATH

	1237	2	CERTII	CAI	LOID	LAII	•		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY St	. Mary's		MARYLA		USUAL RESID o. STATE		nere deceose	d lived. If institution b. COUNTY		ence befo		ision)
b. CITY OR TOWN (I RURAL and give no	f outside carporate limearest town)	its, write	c. LENGTH OF STAY IN	1.6		OWN (If a	outside carpo	orate limits, write R			-	n)
d. NAME OF HOSPIT	WIN AL (If not in hospitol,	give street	3 days	- X	Rural		llywo	od			e IS RE	SIDENCE
OR INSTITUTION	St. Mary	s Ho	spital								ON	A FARM?
3. NAME OF DECEASED (Type or print)	George		Middle Jackson	Har	lost rover		4. DATE OF DEATH	Novemb		Do	у	Year 19 59
5. SEX			RIED NEVER MARRIED		ATE OF BIRTH			9. AGE (In years lost birthday)	_	R 1 YEAR	IF UND	ER 24 HRS
KzMale	White	WIDOW		_	eptemb	er 17	. 81	78 yrs.	Months	Days	Hours	Min.
during most of work  U. S. Navy	king life, even if retired	dane 10b.	KIND OF BUSINESS OR I		11. BIRTHPLA	CE (State				TIZEN O	FWHAT	COUNTRY
3. FATHER'S NAME				14	. MOTHER'S			0.	10.	O date o	-	
unknov	vn Harrov	er			unk	nown						
(Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security No.		RMANT Eligal	ne+h	Harra	Add ver Holly		Ma	mr.1 a	m d
Conditions, if of gave rise to it cause (a), stating lying cause last.	the under- DUE TO	DITIONS	CONTRIBUTING TO DEATH						EN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
_	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Ye		NJURY OCCURRED 20	e. PLACE	OF INJURY (H street, affice	ome, form	, 20f. (Cit)			(County)		(State
21. I certify the alive on Actual SIGNATURE  PHYSICIAN'S NAME (Type)	dulian S.	92	and that de	eath ac	311	Gre	ADDRESS (S	the causes an treet, city or town, Marylar	d an th		state	
220. BURIAL, CREMATIO REMOVAL (Specify) BUTTAL	N. 226. DATE THEREC	OF	Joy Chape		EMATORY			TION (City, town, o		ryle	(Sto	te)
W.Clarke Ma		eonal	ADDRESS	and		24a. REC'	D BY REGIST		STRAR'S S			

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VS A15 (4) 15M 9/58

	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1	2072				

CERTIFICATE OF DEATH

	TM0.0	CERTIF	CAIL	OF DEA	1111		Reg. Dist.	No.
	. Mary's	MARYL	AND	ISUAL RESIDENCE (V	land	b. COUNTY	St. M	ary's
RURAL ond give ned	autside corporate limits, arest lawn)		1111	CITY OR TOWN (I		ote limits, write RI	URAL and give	nearest tawn)
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, give	street oddress)		Rural d. STREET ADDRESS	Hurry		1739	e. ts RESTDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	7	Last	4. DATE OF DEATH	Mon		Day Yeor
(Type ar print) 5. SEX	Mary  6. COLOR OR RACE 7.	Ada		TE OF BIRTH		Novembe		1 2 '' //
Female	White w	MARRIED NEVER MARRIED  IDOWED DIVORCED	□ Fe	b. 15, 190	02	57 yrs.	Manths Da	AR IF UNDER 24 HRS ys Hours Min.
during mast af worki	N (Give kind of wark don ing life, even if retired)	e 10b. KIND OF BUSINESS OR	INDUSTRY		ate or foreign co	iuntry)		OF WHAT COUNTRY
House wife		Home	14	Maryland Mother's Maiden	NAME		U.S	• A •
	1 1/ 0 1-		1					
15. WAS DECEASED EVER	hn M. Quade	16. SOCIAL SECURITY NO.	INFOR		. Lacey	Addr	ess	
(Yes, no, or unknown) (i	If yes, give war or dates of service	none	Walt	er B. Lace	ev Hur	ry, Maryl	and	
Canditians, if on gave rise to in cause (a), stating t lying couse last.	he under-	Gerby	of the	emond	hoge-	- recu	rent	
CATIC		Jerry	Eleyia	- decu	bitus.	ulur)	EN IN PART 1(	PERFORMED?
OR CONTRIBUTING	S UNDERLYING [] 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OC	CURRED. (En	ter nature of injury	in Part I or Port	II af item 1B.)		
20c. TIME OF INJURY Hour o. m. p. m.	10	20d. INJURY OCCURRED  While Nat while at wark at wark	20e. PLACE C foctory,	OF INJURY (Hame, fo street, office bldg.,	etc.)	or tawn)	(Cau	nty) (State
21. I certify the alive an	at I attended the de	eceased fram fau 1957 (and that)	death occ	M.	ADDRESS (St	-/	d an the d stote)	saw the deceased ate stated above DATE SIGNED
220. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CRE			ION (City, town, o		(State)
Burial (Specify)	11/20/59	Sacred He	eart		Bushw	ood,	Maryla	nd
23. FUNERAL DIRECTOR'S  W.Clarke Ma		ADDRESS	yland		NOV 2 3 15		strar's signi thun S. A	

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AND ADDRESS OF	Per J. Sept. J. 1911	9000		eK.
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	9	114 7	" Market	
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-1			12974		CERTIFI	CAIL	OF DEAL	п		Reg. Di	st. No.	
1)		PLACE OF DEATH	Mary's		MARYLAN		STATE Mary	Vhere deceosed	d lived. If institut b. COUNTY			re odmission
			f outside corporate limi orest town)	its, write c.	LENGTH OF STAY IN 1	b 0	St. Geo	outside corpo				
00			AL (If not in hospitol, g	11-11-22-27	ess)	1	d. STREET ADDRESS	160 1	Diana			e. IS RESID ON A F
18			St. Mar	y's Ho	spital							YES 🗌
		NAME OF DECEASED (Type or print)	Charl	es	Rufus	Moo	re _	4. DATE OF DEATH	Nov.		30,	ny Ye
	5.	SEX		7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	1 YEAR Days	IF UNDER
		Male	White	WIDOWED [			ug. 5,18	-	74 yrs.	Mollins	Days	rious
	10c	. USUAL OCCUPATION during most of work	ON (Give kind af wark ing life, even if retired	dane 10b, KIN	D OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto	te ar foreign o	ountry)			F WHAT CO
		Waterma				,	Maryl			U	.S.	Α.
	13.	FATHER'S NAME				T4.	MOTHER'S MAIDEN					
1	1	E	ennett R	. Moor	e		Emma P	oe		March 1		
(1	15. (Ye		R IN U. S. ARMED FOR	ervice)		INFOR			Add	lress		
/ 1	1	No		218	-16-2533	Est	elle Moo	re S	t. Geor	ge I	sla	nd
			TH [Enter only one co		or (o), (b), ond (c).]		4					ERVAL BET
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d	i Ca	ronard		calu	an-	_		ONS	文人,
		420.1	DUE TO			,						
		Conditions, if o	ny, which ) (b	Core	num. De	le	441				1	042
		gove rise to it cause (o), stating	mmediate (	× .	1 < 1		1 =	4				1
		lying couse last.	) (c	June	relegand .	and	none	lens	in		1	54
0	CATION	PART II. OTH	IER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 1	PERFOR
	TE	20a. ACCIDENT WA	S UNDERLYING	20Ь. DESCRIB	E HOW INJURY OCCU	RRED. (En	ter noture of injury i	n Port I or Por	t II of item 1B.)			
	CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									
	3	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. INJUR	RY OCCURRED 20e	. PLACE C	F INJURY (Hame, fa	rm, 20f. (City	ar tawn)	(4	Caunty)	
	MEDICAL	Hour a.m.	19	While of work	Nat while of wark	factory,	street, affice bldg., e	tc.)				
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			attended the	deceased	701		MI	1	30 195			
		alive an	na st		, and that de	ath occ	urred at_/		the causes of		e date	stoted
		ACTUAL		AN	M			WDDKE33 (2	ileer, city or lown,	, store)	1	2/1
1		SIGNATURE		100	Jen	<u></u> M.D.						74
1		PHYSICIAN'S NAME (Type)	P. J. B	ean M.	D.	*	Great	Mill	s, Mary	land		/
	220	BURIAL, CREMATIO	N, 22b. DATE THEREC	OF 22	c. NAME OF CEMETER				TION (City, tawn,			(Stote)
		Burial (Specify)	12/3/5	9	St. Fran	cls	Aavler	St.G	eorge I	stan	a, 1	Md.
0		FUNERAL DIRECTOR'			ADDRESS		24a. RE	C'D BY REGIST	0	ISTRAR'S SI		
	M	.Clarke	Mattingle	ey Leo	nardtown	, Md	DATE	EU 4 '5	y a	Thua S.	Kray	4

IS RESIDENCE ON A FARM? YES NO Month Day 30 19 59 9. AGE (In years last birthday)
74 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address George Island INTERVAL BETWEEN ONSET AND DEATH SE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES NO ort II of item 18.) (County) (Stote) That I last saw the deceased the causes and on the date stated above. Street, city or town, stote)

arthur S. Krous

TO FUNERAL
page 3 should

TO HOSPITAL VS A15 (4) 15M 9/5B

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12975 **CERTIFICATE OF DEATH** 

12961 Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY St.	Mary's		MARYLAND	o. STATE	NCE (Where deceos	ed lived. If instituti b. COUNTY		efore admission)
B. CITY OR TOWN RURAL and give r		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write F	RURAL ond give	nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET ADD				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Edmun		James	Plowden	Jr. 4. DATE OF DEATE	Morember November 1		Day Year 30. 19 50
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 13	.1895	9. AGE (In years last birthdoy)	Months Doy	AR IF UNDER 24 HRS
100. USUAL OCCUPATI during most of wor FOR eman 13. FATHER'S NAME	ON (Give kind of work of rking life, even if retired)		kind of Business or Ind State Road	DUSTRY 11. BIRTHPLAC	E (Stote or foreign		U.S.	OF WHAT COUNTRY
	ames Plow	den		Ada Da				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	viuson	Add	Iress	
No. No or unknown)	(If yes None None ATH [Enter only one co	ervice) 2	218-09-6132	Edna W.	Plowden		rt, Mar	yland
Conditions, if a gove rise to couse (o), storing lying couse lost.	the <u>under-</u> DUE TO	)	Corma	192,5	celos	563		MIGOR
CATIC			CONTRIBUTING TO DEATH BI				VEN IN PART 1(c	PERFORMED?
(IF EITHER, NOTIF)	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of i	njury in Port I or Po	ort II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	While	Not while	PLACE OF INJURY (Ho foctory, street, office b	me, form, 20f. (Ci	ty or town)	(Coun	ity) (Stote
21. I certify to olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	sept Levy L	195 Der	ed from 5	_M.D	ADDRESS (		nd on the do	aw the decease ote stoted obove DATE SIGNE
220. BURIAL, CREMATIC BURIAL (Specify		F	22c. NAME OF CEMETERY Sacred Hea			Shwood,	,,	(Stote)
23. FUNERAL DIRECTOR			ADDRESS		4a. REC'D BY REGI	STRAR 24b. REG	ISTRAR'S SIGNA	TURE
W. Clarke	Mattingl	ey L	eonardtown,	Md.	ATE DEC 4	159 0	71 - 0 4	

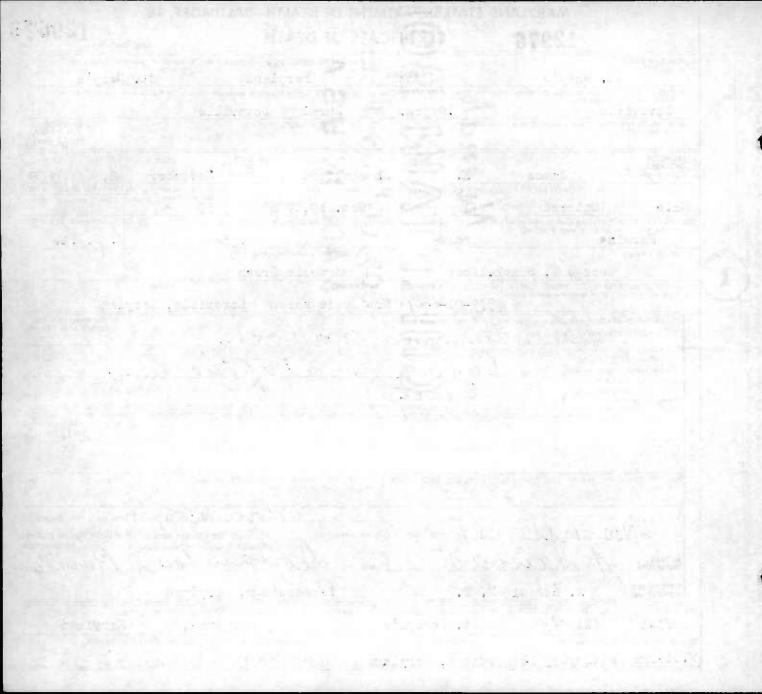
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital ar attending physician. page 3 shautarise detached far use as the burial-transit permit. Then please remaye carban papers. the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. may be retain TO FUNERAL page 3 shau VS A15 (4) 15M 9/5B

ould be filed with funeral directar,

. ... duma distance de la constitución State Road (Businged, Marriage W. S.A.) Incollys St. nabrold nakel oranje New Townell Second Common City and Strate Common City and incomment, new particular beer wind of owners Surfait Carly Company Court Midding the Mattingley Leanardtorm, Ed. - Will va - 1 y - 1 y

a. COUNTY	t. Mary's		MARY	(LAND	o. STATE Mary	9-3-1	lived. If instituti b. COUNTY	St. 1			ian)
	(If autside corporate limi learest tawn)	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpor					)
	TAL (If not in hospitol, g	ive street a			d. STREET ADDRESS						IDENCE FARM?
B. NAME OF DECEASED (Type or print)	James James	st	Middle H •		ckelford	4. DATE OF DEATH	Novembe		2,		Year 19 59
Male	6. COLOR OR RACE Colored	7. MARRI WIDOWEI	DIVORCE	483	Date of Birth Oct. 19,1900	_	9. AGE (In years last birthday) 53 yrs.	Months Months	R 1 YEAR Days	Hours	R 24 HR Min.
0a. USUAL OCCUPATI during most of wo Farmin	king life, even if retired	lane 10b. k	Farm	OR INDUSTR	RY 11. BIRTHPLACE (State	e or foreign co			TIZEN OF		
3. FATHER'S NAME	George W. Sh	ackel	lford		14. MOTHER'S MAIDEN Susie	_					
5. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of se	rvice)	OCIAL SECURITY NO		ORMANT Susie Mason	n Lov	Add reville,		land		
Conditions, if gave rise to couse (o), stating lying cause last  PART II. OT	the <u>under-</u> DUE TO	_	accin Lucia DINTRIBUTING TO DE	G.	OT RELATED TO THE TERA	AINAL DISEASE	The 1	/EN IN PA	RT 1(a) 15	PERFO	RMED?
PART II. OT  20a. ACCIDENT W  OR CONTRIBUTION  (IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY C	CCURRED.	(Enter nature of injury in	Part I or Port	Il af item 1B.)			YES [	NO [
20c. TIME OF INJU Hour a.m. p. m.	RY Manth, Day, Yeo	While	JURY OCCURRED Not while of work		E OF INJURY (Home, for ry, street, affice bldg., et		ar tawn)		(County)		(Stat
21. I certify to alive an Notation Actual SIGNATURE	hat I attended the Villa Sau	decease _, 19_s	50		nccurred at Deb		the causes and reft, city or town,			stated	
PHYSICIAN'S NAME (Type)	A. Sama		D. 22c, NAME OF CEM	ETERY OR	Leonard		laryland	os county)		(Stote	4
BUTTAL (Specify			St. Josep		CKEMATOKI		ganza,			land	-1
3. FUNERAL DIRECTOR	1 1 1 1 1 1 1		ADDRESS	** •		D BY REGIST					_

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMODE 18



12963

Reg. Dist. No.

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2

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY St. Mary's Maryland St. Marv's MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 v. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Park Hall lweek Rural Leonardtown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Priva e home YES NO IN NAME OF 4. DATE Middle Manth Day Year DECEASED Charlotte Somerville 29 59 (Type ar print DEATH Nov. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 19 vrs Months Days Colored WIDOWED X DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) U.S.A. Home Maryland House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 33333 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Rachel Park Hall, Maryland NO Hill none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 17 INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY - Yeruly IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20d. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while D. m at work at wark 21. I certify that lattended the deceased from 192 Ithat I last saw the deceased alive an and that death accurred at\_\_\_\_\_ \_M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE PHYSICIAN'S Ernest Rehm M. D. Lexington Park, Md. NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Francis Xavier Compton. Md. Buria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR 24b REGISTRAR'S SIGNATURE W. Clarke Mattingley Leonardtown, Md. Cirthun S. Krous

DATE

DEC 4

within 24 haurs after death. filled Poges completely papers. death puo pou ofter COL physician the deoth certificate haurs remove 72 attending please within the à permit, any signed pup physician. burial-tronsit been removal has attending ATTENDING PHYSICIAN: by the hospitol or attending CTOR: After this certificate 10 Use for detached Pe-OR TO FUNERAL poge 3 shau he registrar

VS A15 (4) 15M 9/58

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12979	CERTIFICATE	OF	DEATH	

12965

	Ke.	g. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Rio. STATE b. COUNTY	esidence before admission)
St. Marys MARYLAND	Maryland	t. Marvs
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL	ond give nearest tawn)
Leonardtown	X Ridge	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION		ON A FARM?
St. Marys Hospital	Rural	YES NO G
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Infant Girl Taylor	OF DEATH 7 7	/ 29 19 59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Mo	
* 1 11	11/29/59 yrs.	
O. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
none	Maryland	USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	NAMA .
Elwood H. Taylor	Modern T Desert	
	Thelma L. Davis	
(es. no. or unknown)   (If yes, give wor or dates of service)	INFORMANT Address	
no	Elwood H. Taylor - Ridg	e. Md.
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Lup 10 1 -	ONSET AND DEATH
MMEDIATE CAUSE (o)		
110.0 DUE TO	repadive with	
Conditions, if ony, which) (b)	reputative and	and the same of th
gove rise to Immediate couse (a), stating the under-		
lying couse lost. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	VZGOTIJA ZAW OLIZANIA I
	THE REPORT OF THE PERMITTED PROPERTY OF THE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	1
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Hame, form, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State)
Pour o. m. While Nat while at wark at work		
21. I certify that I attended the deceased from	10 4- 10 4	
	, 19, ta, 19,the	
alive an, 19, and that death	accurred atM, fram the causes and	an the date stated abov
Olonnood.	ADDRESS (Street, city or town, state)	DATE SIGN
SIGNATURE	Leonardtown, Md.	11/30/59
		<del></del>
PHYSICIAN'S Michael Barbarich. MD	Leonaddtown Md.	
O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		
REMOVAL (Specify)		(0.0.0)
	ls Cemetery Ridge, M	
I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR	
P.B. Robinson - Leonardtown, Mc	d. DATE DEC 3 '59 arthu	& S. Kraus

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12966

12980 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND St. Mary's Maryland St. Morva b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Vallet Lee Leonardtown. 8 days d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? St. Mary, s Hospital YES NO NO NAME OF DECEASED 4. DATE Manth Year rancis OF DEATH John (Type or print) Young Nov IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF SIRTH last birthday) Months Days Hours WIDOWED A Male Colored DIVORCED [ YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer State Road U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John ElizabethxSemervillexx Unknown Young INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) NO 216-22-2911 Elizabeth Sommerville Leonardtown, Nd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Slote) (County) foctory, street, affice bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram.\_\_ 10v-16, 1959, that I last saw the deceased 9, and that death accurred at 5:25AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S Leonardtown, Maryland William D. Boyd M.D. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

Hollywood.

24b. REGISTRAR'S SIGNATURE

Christma & Krans

24a. REC'D BY REGISTRAR

DATE VOV 2 0 '59

0 VS A15 (4) 15M 9/S8

19/59

W. Clarke Mattingley Leonardtown, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

St. John's

ADDRESS

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